DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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IN REPLY REFER TO
OPNAVINST 11320.27
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OPNAV INSTRUCTION 11320.27

From: Chief of Naval Operations

Subj: NAVY INSTALLATION EMERGENCY MEDICAL SERVICES (EMS) PROGRAM

Ref: (a) DODI 6055.6 of 10 Oct 2000
(b) OPNAVINST 11320.23F
(c) BUMEDINST 6700.42
(d) DOD Handbook O-2000.12-H of 9 Feb 2004
(e) OPNAVINST 5100.23G
(f) National Incident Management System of 1 March 2004

1. Purpose. To provide policy, guidance, structure, and establish responsibilities for the provision of pre-hospital emergency medical care at Navy Installations, including transport to definitive medical care. Emergency Medical Services (EMS) is a system of trained, certified, and properly equipped personnel and their equipment that provide triage, treatment, and transport of the sick and injured on an installation to medical treatment facilities for definitive medical care.

2. Background

a. Navy and non-Navy personnel on Navy Installations trust Navy authorities to ensure that an appropriate and consistent level of EMS care will be provided.

b. EMS at Installations have been historically administered, funded, and staffed through a combination of resources from the Bureau of Medicine and Surgery (BUMED) and Commander, Navy Installations Command (CNIC).

c. Existing Navy standards and instructions have not ensured a consistent application and provision of prehospital emergency medical care across all Navy Regions and Installations.

d. Per reference (a), Department of Defense (DoD) Fire and Emergency Services personnel are permitted to perform pre-hospital emergency medical care but are not required to do so.

e. In the past, Navy Fire and Emergency Services (reference (b) germane) have provided "first responder emergency medical service" at Navy Installations while "Naval medical personnel remain the primary Emergency Medical Services (EMS) providers."

f. Per reference (c), the administration, management, funding, and provision of EMS programs at Navy Installations was left to the individual discretion of the Naval Medical Treatment Facility (MTF) Commander.

3. Definitions

a. For the purposes of this instruction, the term "Installation" may refer to a single Installation or multiple facilities under a single Commanding Officer (CO) or Officer-in-Charge (OIC).

b. Emergency Medical Services (EMS) is a system of trained, certified, and properly equipped personnel and their equipment that provide triage, treatment, and transport of the sick and injured on an Installation (often called the "community") to medical treatment facilities for definitive medical care.

c. Medical Control involves physician advice and direction over pre-hospital emergency medical care to ensure safe and efficient triage, treatment, and transportation by certified emergency medical technicians providing medical care at the scene of an emergency or enroute to a healthcare facility.

d. Medical Direction includes but is not limited to the training of emergency medical services (EMS) care providers and the ongoing assessment, measurement, quality control, and improvement of EMS performance.

e. For the purposes of this instruction, "consumables" are any medical supplies that are single use patient care items such as bandages, ice packs, splints, oxygen masks, airway adjuncts, infection control supplies, intravenous supplies, etc.

4. Scope and Applicability. This instruction establishes the responsibility and authority of CNIC to develop, implement, and sustain a comprehensive, standardized EMS Program at Navy Installations capable of the effective provision of pre-hospital

emergency medical care.

a. CNIC shall assume overall responsibility for the Navy Installation EMS Program as the single responsible office, advocate, and point of contact for the system.

b. This instruction applies to all Navy Regions and all Navy Installations within the United States (U.S.), its territories, and possessions.

c. This instruction is applicable to any person (Navy and non-Navy personnel) on Navy Installations at the time of a medical emergency requiring pre-hospital emergency medical care.

5. Exemptions

a. This instruction does not apply to combat operations or combat support operations.

b. This instruction does not apply to overseas Navy Regions and Installations including Guantanamo Bay, Cuba. BUMED shall remain the primary EMS provider overseas.

c. This instruction does not apply to U.S. Navy Installations that will be closed or realigned to another Service as a result of the Base Realignment and Closure Commission (BRAC) recommendations of 2005. These Installations will remain status quo until closure or realignment.

d. Installation EMS specifically excludes non-emergency inter-facility transfer and in-hospital treatment after the transfer of care by EMS to the receiving medical treatment facility.

6. Policy

a. The Navy Installation EMS Program serves as the principal method on Navy Installations for the effective and efficient provision of professional pre-hospital emergency medical care, including prehospital triage, treatment, and transport at the Basic Life Support (BLS) or Advanced Life Support (ALS) level.

b. Region and Installation Commanders have the authority and responsibility to protect personnel, equipment, and facilities subject to their control per reference (d). Nothing in this instruction or the Navy Installation EMS Program shall

detract from, or conflict with, the inherent and specified authorities and responsibilities of Regional and Installation Commanders.

c. CNIC shall develop and promulgate Navy Installation EMS Program guidance based on the requirements set forth in references (a) and (b), applicable consensus guidelines and standards, e.g. those of the National Fire Protection Association (NFPA) and the U.S. Department of Transportation (DOT), and the input of other Navy programs and stakeholders. Based on guidance from CNIC, Region and Installation Commanders shall implement the Navy Installation EMS Program.

d. CNIC shall identify and prioritize required EMS capabilities following a risk-based strategy that considers threat, vulnerability, criticality, operational requirements, Installation population, and historical EMS call volume.

e. At a minimum, a BLS level of care shall be provided at all Installations. This level of care may be provided through the use of organic capabilities, mutual aid agreements, contracted services, or a combination therein.

f. The minimum certification standard for providing EMS on Navy Regions and Installations will be the National Registry Emergency Medical Technician-Basic (NREMT-B) level as set forth by the National Registry of Emergency Medical Technicians (NREMT) or the appropriate State/County certification that meets or exceeds the National Registry Certification.

g. Region and Installation Commanders, through the Fire and Emergency Services Fire Chiefs, shall establish and maintain required EMS capabilities per CNIC guidance. Required EMS capabilities will not be deemed to exist until they are properly organized, staffed, equipped, trained, exercised, evaluated, and sustained per CNIC guidance.

h. Region and Installation EMS Programs and associated plans are the responsibility of Region and Installation Fire and Emergency Services Programs per references (a) and (b).

i. Required EMS capabilities may be organic, regionalized, provided by Federal, State, Local, Other Service, or private (or host nation) agencies and departments through appropriate support agreements. Support agreements include Memoranda of Understanding/Agreement (MOU/MOA), Mutual Aid Agreements (MAA), Inter-Service Support Agreements (ISSA), or contracts.

j. Within the U. S., its territories, and possessions, Navy civilian and military EMS responders shall comply with all applicable Safety and Occupational Health (SOH) standards as delineated in reference (e).

k. Outside the U.S. Northern Command area of responsibility (AOR), Region Commanders shall support theater Combatant Commander (COCOM) requirements and integrate and coordinate EMS capabilities with host nation EMS capabilities to the extent permitted by the U.S. Department of State (DOS), COCOM, Joint, and Service guidance, including Status of Forces Agreements (SOFA).

l. Tenant Commands located on a Navy Installation should not have separate EMS Programs.

m. Region and Installation EMS plans shall be coordinated with Region and Installation Emergency Management (EM) and Antiterrorism (AT) plans.

n. Region and Installation EMS plans should be consistent with State, Local, and/or Other Service (or host nation) EMS plans to the greatest extent possible.

o. Region and Installation EMS programs shall employ the command and control construct and the preparedness and resource management procedures specified by reference (f).

7. Procedures

a. Implementation and Transition Plan. CNIC shall develop a detailed plan to transition from existing EMS programs to a single governing document and implementation of CNIC guidance. CNIC will coordinate with the applicable Echelon I and II commands in developing this plan.

b. Tiered and Risk-Based Approach. CNIC shall establish a tiered and risk-based approach for developing and implementing EMS capabilities onboard shore installations. Not all Regions and Installations require or will be expected to maintain the same level of EMS capability.

c. Interoperability. EMS programs shall comply with and be consistent with applicable Federal laws, Executive Orders, and DOD, Joint, and Department of Navy (DON) policies.

Specifically, EMS Programs shall support and utilize the command and control organization outlined in reference (f).

8. Responsibilities

a. Deputy Chief of Naval Operations (Manpower and Personnel) (CNO (N1)) shall provide analysis and validation of work force requirements generated by the Navy Installation EMS Program before inclusion in the Navy Program Objective Memorandum (POM).

b. Director, Ashore Readiness Division (CNO (N46)) shall program for Navy Installation EMS Program requirements.

c. Commander, Fleet Forces Command (CFFC) shall:

(1) Consolidate and prioritize operational input from Fleet Commanders.

(2) Validate and approve prioritization of resources and capabilities in support of tiered implementation of the Navy Installation EMS Program.

d. Fleet Commanders (Fleet Forces Command, U.S. Pacific Fleet, and U.S. Naval Forces Central Command) shall:

(1) Retain and exercise operational control (OPCON) over assigned personnel and assets within their area of responsibility (AOR).

(2) Provide operational input to support requirements development process.

(3) Prioritize allocation of resources and capabilities within their AOR in support of tiered implementation of Navy Installation EMS.

e. Commander, Navy Installations Command (CNIC) shall:

(1) Provide EMS for Navy Installations.

(2) Develop and promulgate Navy Installation EMS Program guidance that provides an acceptable level of care at all installations including pre-hospital protocols.

(3) Develop and promulgate an Implementation and Transition Plan for the phased implementation of the

Installation EMS Program within the Navy in coordination with existing programs.

(4) Implement and facilitate the transition of EMS program sponsorship from BUMED to CNIC.

(5) Provide qualified personnel to oversee and coordinate the Navy Installation EMS Program.

(6) Implement and administer an Installation EMS Quality Assessment and Improvement Program.

(7) Adopt and implement an Installation EMS System Accreditation process for the services provided through the EMS Program.

(8) Validate, prioritize, and program for regional and installation resource requirements.

(9) Coordinate the Navy Installation EMS Program with local, state, interagency, regional, and multi-state EMS activities.

(10) Provide all manpower, non-consumable medical equipment (i.e. AEDs, manual defibrillators, and pulse oximetry), biomedical equipment repair and maintenance, and ambulances to support the program.

(11) Exercise administrative control (ADCON) over assigned personnel and assets.

f. Chief, Bureau of Medicine and Surgery (BUMED) shall:

(1) Program for and provide medical consumables, pharmaceuticals, medical grade oxygen, sharps containers, biohazardous waste disposal per reference (c), medical direction, and medical control to support the EMS Program.

(2) Maintain the current provision of EMS at the current level of care until the implementation and transition process is complete; assist with the transition of EMS responsibility to CNIC.

(3) Assist in the development and implementation of clinical medical standards supporting the Navy Installation EMS Program.

(4) Provide Medical Direction and Medical Control for the Navy Installation EMS Program.

(5) Provide pharmaceutical program management, supply, and oversight for the Navy Installation EMS Program per reference (c).

g. Commander, Naval Facilities Engineering Command (NAVFAC) shall serve as the systems command for ambulance acquisition in support of the Navy Installation EMS Program.

9. Action. CNIC shall develop a Navy Installation EMS Program based upon this instruction.

10. Effective Date. This instruction is effective immediately. Due to the scope and impact of this instruction, CNIC and BUMED will conduct a phased program implementation and transition.

11. Reports. Reporting requirements contained in this instruction are exempt from reports controlled by reference (b).

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